

20 April 70

to Roffman (cc. Weisberg)

Howard:

I have recently been re-reading some of the medical testimony. All references to the chest tubes confirms your memo re the tubes, Humes, and Specter. I am fully convinced that the tubes were completely inserted, as you said, and that the rest of your memo is correct.

I do not wish to set forth the following as my belief concerning why Humes lied, but suggest it for your consideration. It seems to me a possible explanation of what is otherwise quite inexplicable. I presently think it the most likely. (I consider the possibility of a missile wound in the chest unthinkable. Too many people saw and scrutinized that area, and none offer the least grounds for supposing such a wound existed. I refer especially to Markland people, who I think are beyond suspicion.)

Consider that if Humes had indicated that he knew the chest tubes were fully inserted, that information would imply careful examination and thorough scrutiny of the chest incisions--perhaps even with dissection. This information would lead naturally to the question why Humes did not apply the same degree of scrutiny to the tracheotomy incision. Believing as I do that Humes knew there was ~~an~~ a visible entrance wound in the front-neck, I think such a question would be more than merely embarrassing.

Think of the second call to Perry, the one that concerned the chest incisions, not as a genuine effort to gain knowledge, but as a part of the charade involved in the first call, which dealt with the tracheotomy. I am convinced that the first call was a charade intended to create the impression that Humes did not know there was a missile wound in the front-neck. After questioning Perry about the trach incision, and apparently ~~only~~ only the trach incision, Humes could have made that second call in order to obscure the relevance of the first call. That is, he called about the chest incisions merely to give Perry the impression that he was interested in all the incisions, whereas in truth he was interested only in having Perry think he did not know about the ~~tracheotomy~~ missile wound in the front neck.

This makes a bit of sense to me; nothing else does.

JFK adrenal insufficiency: In case anybody is interested in this aspect, there is good evidence for it in the published record. Dr Paul Peters (6H69) says that Adm. Burkley requested that JFK be given steroids to combat effects of adrenal insufficiency. Peters is specific.

Other testimony on this indicates that Carrico administered drugs because of general knowledge that JFK had Addison's. That may be true (i.e., that Carrico did not know that Burkley requested steroids), but Peters says Burkley requested them.

This would seem even firmer evidence of adrenal insufficiency than Nichols' article provides. By this I do not intend to bad mouth that excellent study, but Peter's information seems to nail the matter down firmly.

By the way, from the various medical testimonies, it appears the Burkley was in TR#1 during nearly all of the time JFK was operated on. He surely knew about the missile wound in the front-neck, for it was discussed both before, during, and after the trach had been performed. There's no way of knowing whether Burkley saw the wound, but there can be no doubt that he knew all about it. It's beyond reason to suppose that he did not tell the autopsy docs about it at Bethesda.

Harold: there is further explanation of cyanosis ^(the news) in the testimony of Dr Curtis. It supports what I said earlier.

Howard: Are you familiar with matters concerning the medical treatment of LHO on the way to Parkland and at Parkland? Have you read Harold's chapter on this in Coup? If not, I'll send you background info. If so, then I can write without going into background. I have no time now, but will explain later. This does not concern Dealey Plaza events, so you ~~can't~~ won't mind waiting. The reference to cyanosis above concerns the LHO killing.

Still,

Dick